DECLARA	MOITA	FOR	UTII	LITY	OR	DESIGN
PATENT	APPLI	CAT	ION	(37	CFR	1.63)

X Decl. Sub. w/Initial Filing

\_\_Decl. Sub. after Initial Filing (surcharge

(37 CFR 1.15 (e))

Attorney Docket No.: 2132.013
Inventor Name: Jackowski et al

COMPLETE IF KNOWN
Application No:
Filing Date:
Group Art Unit:
Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office addr., and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## BIPOLAR MARKER INDICATIVE OF DISEASE STATE HAVING A MOLECULAR WEIGHT OF 1998 DALTONS

the specification which				
is attached hereto OR	T - TT - 1 2 Ob -	h 7	N D/	nm r+1
was filed on	As united Sta	ites Application	No. or Po	JI INTI.
Appln. No.	and was allen	idea on		(
applicable).				
I hereby state that I have revie identified specification, includ specifically referred to above.				9
I acknowledge the duty to disclodefined in 37 CFR 1.56.	ose information whic	ch is material to	o patentak	oility as
I hereby claim foreign priority application(s) for patent or invinternational application which States of America, listed below any foreign application for pate application having a filing date claimed.	ventor's certificate designated at least and have also ident ent or inventor's ce	e, or 365(a) of a cone country oth cified below, by ertificate, or a	any PCT her than t checking ny PCT int	the United the box, ternational
	FOREIGN FILING	PRIORITY	CERTIFIED	
NUMBERS:	DATE:	NOT CLAIMED:	Yes	No
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Additional foreign appln. nos. are lattached hereto.	listed on a supplement	al priority data s	sheet PTO/S	B/02B
I hereby claim the benefit under application(s) listed below:	35 U.S.C. 119(e) o	of any United St.	ates provi	isional
APPLICATION NUMBER(s):	FILING DATE:			
		Nos. are Suppleme		

## DECLARATION - UTILITY or DESIGN PATENT APPLICATION

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. PARENT APPL or PCT NUI		PARENT F	ILING DATE:	PARENT	PATENT NO: (if applicable)
Additional U.S. priority data				sted on a su	upplemental
As a named inven prosecute this a	ntor, I hereb	y appoint the nd to transac	following regit all business	in the Pate	ctitioner(s) to ent and Trademark PLACE CUSTOMER No. BAR CODE LABEL HER
		OR			DAK CODE DADED HER
NTA MIE	Registere	d practitione			. listed below.
NAME:	<u>REGISTRA</u>	TION NO:	NAME:		REGISTRATION NO:
Michael A. Slavi Ferris H. Lander C. Fred Rosenbau	43,377		Joe Beckm	an	45,529
DIKECI ALL CORKE	PROMORNOR IO		mer Number Tabel Corr	OR espondence	address helow
	e & Slavin,	Or Bar Code			address below
NAME: McHal ADDRESS: 4440	e & Slavin, PGA Blvd.,	Or Bar Code			address below
NAME: McHal ADDRESS: 4440 ADDRESS: Suite	e & Slavin, PGA Blvd., 402	Or Bar Code			address below  ZIP: 33410
NAME: McHal ADDRESS: 4440 ADDRESS: Suite	e & Slavin, PGA Blvd., 402 Beach Garden	Or Bar Code P.A. S STA	Label Corr	espondence	ZIP: 33410 (561) 625-6572
NAME: McHal ADDRESS: 4440 ADDRESS: Suite CITY: Palm COUNTRY: U.S. hereby declare t all statements m that these state the like so made	e & Slavin, PGA Blvd., e 402 Beach Garden that all state hade on inform ments were me e are punishal	Or Bar Code  P.A.  S STA  TELEPHON  ements made h mation and be ade with the ble by fine o statements ma	Label Corr  FE: FL  E: (561) 625-65  erein of my own lief are belief knowledge that r imprisonment,	575 FAX:  n knowledge red to be to willful factor both, now both,	ZIP: 33410 (561) 625-6572 are true and that
NAME: McHal ADDRESS: 4440 ADDRESS: Suite CITY: Palm COUNTRY: U.S. hereby declare t all statements m that these state the like so made and that such wi	e & Slavin, PGA Blvd., 402 Beach Garden  that all state hade on inform ements were mediate punishal liful false sued thereon	Or Bar Code  P.A.  S STA  TELEPHON  ements made h mation and be ade with the ble by fine o statements ma  OR: A E	TE: FL E: (561) 625-63 erein of my own lief are belief knowledge that r imprisonment, y jeopardize th	575 FAX:  n knowledge yed to be to willful fail or both, the validity	ZIP: 33410 (561) 625-6572  are true and that rue; and further lse statements and inder 17 U.S.C. 10 of the application r this unsigned in
NAME: McHal ADDRESS: 4440 ADDRESS: Suite CITY: Palm COUNTRY: U.S. hereby declare t all statements m that these state the like so made and that such wi or any patent is  NAME OF SOLE OR GIVEN NAME (firs	e & Slavin, PGA Blvd., 402 Beach Garden  that all state hade on inform ements were mediate punishal liful false sued thereon	Or Bar Code  P.A.  S STA  TELEPHON  ements made h mation and be ade with the ble by fine o statements ma  OR: A E  [if any]):	TE: FL E: (561) 625-65 erein of my own lief are belief knowledge that r imprisonment, y jeopardize the etition has be	575 FAX:  1 knowledge yed to be to willful fail or both, the validity  en filed foothy NAME O	ZIP: 33410 (561) 625-6572  are true and that rue; and further lse statements and inder 17 U.S.C. 100 of the application r this unsigned in R SURNAME:
NAME: McHal ADDRESS: 4440 ADDRESS: Suite CITY: Palm COUNTRY: U.S. hereby declare tall statements methat these state the like so made and that such wi or any patent is NAME OF SOLE OR	e & Slavin, PGA Blvd., 402 Beach Garden  that all state ade on inform ements were m e are punishal liful false ssued thereon  FIRST INVENTE st and middle	Or Bar Code  P.A.  S STA  TELEPHON  ements made h mation and be adde with the ble by fine o statements ma  OR: A E  [if any]):	TE: FL E: (561) 625-63 erein of my own lief are belief knowledge that r imprisonment, y jeopardize th	espondence  575 FAX:  1 knowledge  2 red to be to willful fail  3 or both, to be validity  en filed food  MILY NAME O	ZIP: 33410 (561) 625-6572  are true and that rue; and further lse statements and inder 17 U.S.C. 100 of the application r this unsigned in R SURNAME:

AME OF SECOND INVENTOR: A Petition has h	een filed for this unsigned inv.
IVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
Brad	Thatcher, PhD
nventor's signature:	Date:
10 Pagrandala Road	
desidence: 12 Beaverdale Road, Sity: Toronto State: ONTARIO M8Y 3Y4 Course Office Address: 12 Beaverdale Road, Toront	ntry: <u>CANADA</u> Citizenship: <u>Canadian</u> to Ontario M8Y 3Y4, CANADA
IAME OF THIRD INVENTOR:  A Petition has become	peen filed for this unsigned inv.
GIVEN NAME (first and middle [if any]):	FAMILY NAME OR SURNAME:
Tammy	Vrees, BSc
Inventor's signature:	Date:
Residence: 215 Bronte Road	intry: CANADA Citizenship: Canadian
City: Oakville State: ONTARIO L6L 3C5 Corport Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.
City: Oakville State: ONTARIO L6L 3C5 Corest Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):	been filed for this unsigned inv.  FAMILY NAME OR SURNAME:
City: Oakville State: ONTARIO L6L 3C5 Corporation of State State: ONTARIO L6L 3C5 Corporation of State	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc
City: Oakville State: ONTARIO L6L 3C5 Corest Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc
City: Oakville State: ONTARIO L6L 3C5 Corest Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:
City: Oakville State: ONTARIO L6L 3C5 Corest Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  Untry: CANADA Citizenship: Canadian
City: Oakville State: ONTARIO L6L 3C5 Corporation of State State: ONTARIO L6L 3C5 Corporation of State	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  Untry: CANADA Citizenship: Canadian
City: Oakville State: ONTARIO L6L 3C5 Corport Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102  City: Toronto State: ONTARIO M4Y 2W4 Corport Office Address: 44 St. Joseph Street, Apt.	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  Untry: CANADA Citizenship: Canadian 2102 Ontario M4Y 2W4, CANADA
City: Oakville State: ONTARIO L6L 3C5 Corport Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102 City: Toronto State: ONTARIO M4Y 2W4 Corport Office Address: 44 St. Joseph Street, Apt. Apt. Apt. Apt. Apt. Apt. Apt. Apt.	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  untry: CANADA Citizenship: Canadian . 2102 Ontario M4Y 2W4, CANADA  been filed for this unsigned inv.
City: Oakville State: ONTARIO L6L 3C5 Core cost Office Address: 215 Bronte Road, Oakville NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102 City: Toronto State: ONTARIO M4Y 2W4 Corest Office Address: 44 St. Joseph Street, Apt. Apt. Apt. MAME OF FIFTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  untry: CANADA Citizenship: Canadian . 2102 Ontario M4Y 2W4, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:
City: Oakville State: ONTARIO L6L 3C5 Corest Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102  City: Toronto State: ONTARIO M4Y 2W4 Corest Office Address: 44 St. Joseph Street, Apt. Apt.  NAME OF FIFTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  John	Deen filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  Untry: CANADA Citizenship: Canadian . 2102 Ontario M4Y 2W4, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Marshall, PhD
City: Oakville State: ONTARIO L6L 3C5 Corport Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102  City: Toronto State: ONTARIO M4Y 2W4 Corport Office Address: 44 St. Joseph Street, Apt. Apt.  NAME OF FIFTH INVENTOR: A Petition has GIVEN NAME (first and middle [if any]):  John  Inventor's signature:	Deen filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  Untry: CANADA Citizenship: Canadian . 2102 Ontario M4Y 2W4, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Marshall, PhD
City: Oakville State: ONTARIO L6L 3C5 Corport Office Address: 215 Bronte Road, Oakville  NAME OF FOURTH INVENTOR: A Petition has GIVEN NAME (first and middle [if anyl):  Jason  Inventor's signature:  Residence: 44 St. Joseph Street, Apt. 2102 City: Toronto State: ONTARIO M4Y 2W4 Corport Office Address: 44 St. Joseph Street, Apt. Apt.  Post Office Address: 44 St. Joseph Street, Apt. 2102 City: Toronto State: ONTARIO M4Y 2W4 Corport Office Address: 44 St. Joseph Street, Apt.  NAME OF FIFTH INVENTOR: A Petition has GIVEN NAME (first and middle [if anyl):  John	Ontario L6L 3C5, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Yantha, BSc  Date:  Untry: CANADA Citizenship: Canadian 2102 Ontario M4Y 2W4, CANADA  been filed for this unsigned inv.  FAMILY NAME OR SURNAME:  Marshall, PhD  Date:  Date: